

## Food Service Sanitation Manager Certification (FSSMC) REQUEST FOR RECIPROCITY

Full legal name			
Address			
City	State	_ ZIP code	Phone
E-mail		Social Security Number	
*Choose <i>one</i> type of certificate	and submit documentation requ	ired under that cer	ificate type.
<ul> <li>Reciprocity with City of Chicago Certificate</li> <li>Submit this completed application.</li> <li>Copy of valid city of Chicago food service sanitation manager certificate.</li> <li>\$35.00 new certificate fee (non-refundable) with check or money order to address below.</li> </ul>		<ul> <li>Reciprocity with a National Certificate         (American National Standards Institute (ANSI) Accredited Exam)     </li> <li>Submit this completed application.</li> <li>Copy of valid national (ANSI accredited) Certificate.</li> <li>Proof that you began working in or moved to Illinois within the last six months.</li> <li>*Proof can be in the form of an out of state driver's license, postmarked mail from out of state or letter from employer verifying employment date.</li> </ul>	
Department of Public Health vinformation is required of ALL a  If issues of court-ordered ch  Making a false statement shall	vill be unable to process your applicants, regardless of whether ild support do not apply to you subject the applicant to contemp	arding child suppo oplication until a co the applicant has o a, answer "NO."	rt and sign the declaration. The Illinois impleted statement is provided. This ever been ordered to pay child support.  00/10-65(c)}.
Are you more than 30 days d	elinquent in complying with a	child support ord	er? 🔲 YES 🔲 NO
Signature			Date
Submit to: dph.fssmc@illinois.gov	<b>Mail to:</b> Illinois Department of Publ Division of Food, Drugs an 525 W. Jefferson St.		For questions: Telephone: 217-785-2439 Fax: 217-782-0943 TTY for Hearing Impaired use only:

800-547-0466

Springfield, IL 62761